Caregiver survey

Please answer the following questions to help us serve you better:

| 1) | Do you have internet access at your home? | Yes (if yes s | es (if yes skip to number 3) | | | No | | | | |
|--|--|---------------|------------------------------|----|---|----|----|--|--|--|
| 2) | f you do not have internet at home, have you used it at the library? | | S | No | | | | | | |
| 3) | Please print your email address if you have one and are comfortable sharing it with us | | | | | | | | | |
| | | | | | | | | | | |
| 4) | On a scale of 1-5 how interested are you in a monthly support | group? | 1 | 2 | 3 | 4 | 5 | | | |
| 5) | On a scale of 1-5 how interested are you in a quarterly support | group? | 1 | 2 | 3 | 4 | 5 | | | |
| 6) | If you circled 3 or higher, what day/time would work best for you? | | | | | | | | | |
| 7) | Would you be interested in using the internet for online learning or support groups? Yes | | | | | | No | | | |
| (please answer #7 whether or not you currently have internet access at home. Thanks) | | | | | | | | | | |
| 8) | What devices do you own that you could access the internet on (circle all that apply)? | | | | | | | | | |
| | Phone Desktop computer Tablet None (but I am interested in trying it) | | | | | | | | | |

If you have email you may send this survey back to me at: cknickelbein@co.dodge.wi.us
or send to CATHERINE at: Dodge County ADRC - 199 County Road DF - Juneau, WI 53039

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Please answer the following questions to help us serve you better:

| 2) | you have internet access at your home? Yes (if yes skip to you do not have internet at home, have you used it at the library? ease print your email address if you have one and are comfortable sharing it we have a comfortable sharing it we comfortable sharing it we have a comfortable sharing it we have a comfortable sharing it we comfortable sharing it we have a comfortable sharing it we have a comfortable sharing it we comfor | | Ye | S | No No | |
|------|--|-------|----|----|----------|---|
| 4) | On a scale of 1-5 how interested are you in a <i>monthly</i> support group? | 1 | 2 | 3 | 4 | 5 |
| , | On a scale of 1-5 how interested are you in a <i>quarterly</i> support group? | 1 | 2 | 3 | 4 | 5 |
| 6) | If you circled 3 or higher, what day/time would work best for you? | | | | | |
| 7) | Would you be interested in using the internet for online learning or support | Yes | | No | | |
| (ple | ease answer #7 whether or not you currently have internet access at home. Thanks) | | | | | |
| 8) | What devices do you own that you could access the internet on (circle all that apply)? | | | | | |
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